## FOR STATE HEALTH DEPT.

TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours effer death. If any as is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funerel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transfermit. Ne pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremetion, or removal, and it arrively within 72 hours efter death.

VS. A15ME 5M 7/59

	MARY	AND STATE D	EPARTMENT OF	HEALTH	
Division of STAT	ISTICAL RESEARC	H AND RECORDS	301 W. PRESTON	STREET, BALTIMORE	1, MARYDAIND
11427	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	STREET, BALTIMORE	11000

A TOTAL	Marie Control									
1. PLACE OF DEATH					a, STATE 30		4 00010	NTY -		mission)
G	arrett		MARYLA	IND	Mar	yland		Ga	rrett	
	if outsida corporeta limi I give nearast town) ON	ls,	c, LENGTH OF STAY	IN 1b	V	N (If outside co		e RURAL end	give neerest town)	
d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in hospi	itel, give street address	)	d. STREET ADDRE	55			O. IS RESI	FARM?
3. NAME OF DECEASED (Type or print)	Elizabe	th	Middle	Ве	Lost	4. DAT		23rd.	Dey Year	0
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7   8,	DATE OF BIRTH		9. AGE (In yeers			4 HRS.
Female	White	WIDOWED			ne 17,18	198	62 yrs.	Months D	ays Hours	Min.
done during most of wa Hous  13. FATHER'S NAME		d)	m Home		Gilmore,  Mother's Maid	Mary			U.S.A.	UNTRY?
is. PATIER'S NAME	Thomas G	rahan	1	- 1			exander			
15. WAS DECEASED EV				17. IN	FORMANT		Addres			
(Yes, no, or unkown) (I					d Beeman	1	Swant		Md.	
	H WAS CAUSED BY:  MMEDIATE CAUSE (a)		a for (e), (b), and (c).] ardial in	ıfar	ction, a	cute			ONSET AND DE	ATH
Conditions, if eny gave rise to immedi (a), steting the u	nderlying DUE TO	Hype:	rtensive	car	dio-vasc	ular o	dise <b>a</b> se		Years	
PART II. OTHER			RIBUTING TO DEATH B					VEN IN PART	PERFOR	
CAUSE OF DEATH.  20c. TIME OF INJU		2Dd. IN While	JURY OCCURRED 20		OF INJURY (Home, f		City or town)	(Coun	ly) (S	lata)
	nat I took charge c from: Natural ca	f the rema					on 🔀 Inqui		and in my opi	nion
ACTUAL SIGNATURE EXAMINER'S	men H.			mo		CAL EXAMINE	AINER		DATE SIGN	
NAME (Type) &	James H. 22b. DATE 16 E	60	er, dr., 2c. NAME OF CEMETI Laurel H:	ERY OR C	REMATORY	22d, LOC	ATION (City, fowr	KLanc	Md.	
23. FUNERAL DIRECTO		Lon	aconing,	Md		OCT 2 7		SISTRAR'S SIC		

DOTAL OF 0.0000 illimedii No dellastica Totale White - --June 17,1098 -- 00 None of the bose ending each at the end Thomas Orebeck .bid \_norment \_\_ manned beat turqui t in/dien invertible de la company de establication continue, i.i., entropy and - myotist of the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11400

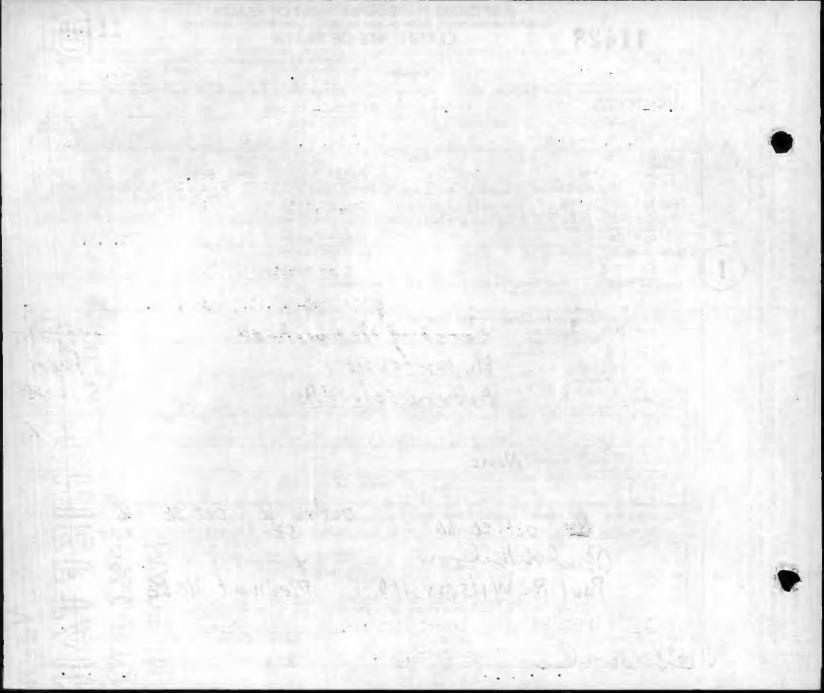
11428

campletely filled in papers. Pages 1 and aurs after death.

offer death. Page 4

e death certificate be exe attending physician and on please remove carban p in any event within 72 ha		13. 15. (Yes	FATI B: WA:
TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be exemply be recorded by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a page 3 shauld be detached for use as the burial-transit permit. Then please remove carban put the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 has	0	MEDICAL CERTIFICATION	20cc OR (IF
Moy be reflect to FUNERAL DIRECTOR: After page 3 should be detached the State Board of Health	39	23o	21. 80 22c 22c
VR A1S (4) 15M 9/59	11.	1	5

4.4	# LM . 1									
1. PLACE OF DEATH	rrett		MARYLAND	2. USUAL RESII	DENCE (WI	nere deceased	lived. If institut b. COUNTY			sian}
b. CITY OR TOWN ( RURAL and give n Rural - Mosc	If autside carparate limearest tawn)	ts, write	c. LENGTH OF STAY IN 16	Rural-			ate limits, write f	RURAL and give	nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION 2 Mi. V	TAL (If not in hospital, s	give street	address)	d. STREET A	DDRESS W. Mo	SCOW			ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Emma Fa	rst	Middle Adeline	Boal	t	4. DATE OF DEATH	Oct.	nth	Day 26	Year 19 60
s. sex Female	%. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	Jan.29,			9. AGE (In years last birthday) 48 yrs.	Manths Da		Min.
during most of war House Wife	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	ustry 11. BIRTHPL Mary 1		ar fareign ca	unity)		OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME				
Bruce Wil	Lt			N N	Norri	S				
	ER IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT Ellis Bos	1-R. I	). 1. F	Barton. 1	lress Id		
Canditions, if a gave rise to to cause (a), stating lying cause last.	immediate DUE TO	)	Hyperten Artenos CONTRIBUTING TO DEATH BL	cleros of not related to	TS THE TERMI	INAL DISEASE	CONDITION GI	VEN IN PART I(	5 /4 5 /4	AUTOPS)
PART II. OT  PART II. OT  20g. ACCIDENT W. OR CONTRIBUTING  (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	of injury in I	Part I ar Part	II af item 18.)		YES [	ORMED?
=	RY Manth, Day, Ye	While		PLACE OF INJURY ( actory, street, affice			ar tawn)	(Cau	nty)	(State
21. I certify the saw the decea 22a. SIGNATURE	4694	atjend Cr.	ded the deceased fram 46 19 60, and that		d at 5	M, fram	_	-	ate stated	
22c. PHYSICIAN'S NAME (Type)	Paul R	.W	ilson M.	22d. ADDRI		lmon	t W.	3		
23a BURIAL, CREMATIC REMOVAL (Specify BUTIAL		)F	23c, NAME OF CEMETERY				ION (City, town,	ar county}	(Sto	
24. FUNERAL DIRECTOR	e's SIGNATURE	W	ADDRESS esternport, Mo			2 8 '60	RAR 25b, REG	ISTRAR'S SIGNA		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	 CITITION OF THE COLUMN TWO IS A COLUMN TO THE COLUMN TWO IS A	
99	CERTIFICATE O	F DEAT

11401

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (WH Maryland.	ere deceased lived. If institution b. COUNTY	n: Residence before admission)  arrett
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) RUPAL CRELLIN	c. LENGTH OF STAY IN 15		utside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of National Mi. West of Crelli	et oddress) N	d. STREET ADDRESS	of Crellin	e. IS RESIDENCE ON A FARM? YES MO
3. NAME OF PICEASED (Type or print) David	Franklin	Bowman	4. DATE Month	
N/o T o 1875 4 + o	RRIED NEVER MARRIED DIVORCED DIVORCED	e. DATE OF BIRTH Sept. 10, 1	903 9. AGE (In years lest irrhdoy) yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU IN Farm	Maryland		12. CITIZEN OF WHAT COUNTRY?
Samuel F. Bowman		Effic Enl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 [Yes, no, or unknown] [If yes, give wor or dates of services]		rs. David B	owman Crell	in, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse (b)  DUE TO  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITION	Phonic My	Jeant West	Insufficie Descare	25 /ear
CATIO	ESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m., Whi	4-	ACE OF INJURY (Home, formation, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this haspital) atte				d an the date stated obave
22c. PHYSICIAN'S NAME (TYPH) erbert H. Le	ighton, M.D.	M.D. PHYS. DI 22d. ADDRESS	ed. staff rector phys. d.	5 Oct 16
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 10/6/1960	Underwood C		23d. LOCATION (City, town, o near Oakland	
24. GUNERAC DIRECTOR'S SIGNATURE LON	Oakland,	Md. DATE	PT C ICO	TRAR'S SIGNATURE

TO HOSPITAL DIRECTOR: After this certificate has been signed by the death certificate be executed within 24 hours after death. Page 4 may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event missing 72 hours ofter death. VR A1S (4) 1SM 9/59

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after death. Page 4

TO HOSPITAL RATTENDING PHYSICIAN: The low requires that the death cartificate be exacuted within 24 has may be reported by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and completely filled in the signed by the other physician and the signed by the signed d in any event within 72 haurs after death. lovol, page 3 shaufd be detached far use as the burial-transit perpet the State Board of Health prior ta burial, crematian, or referval

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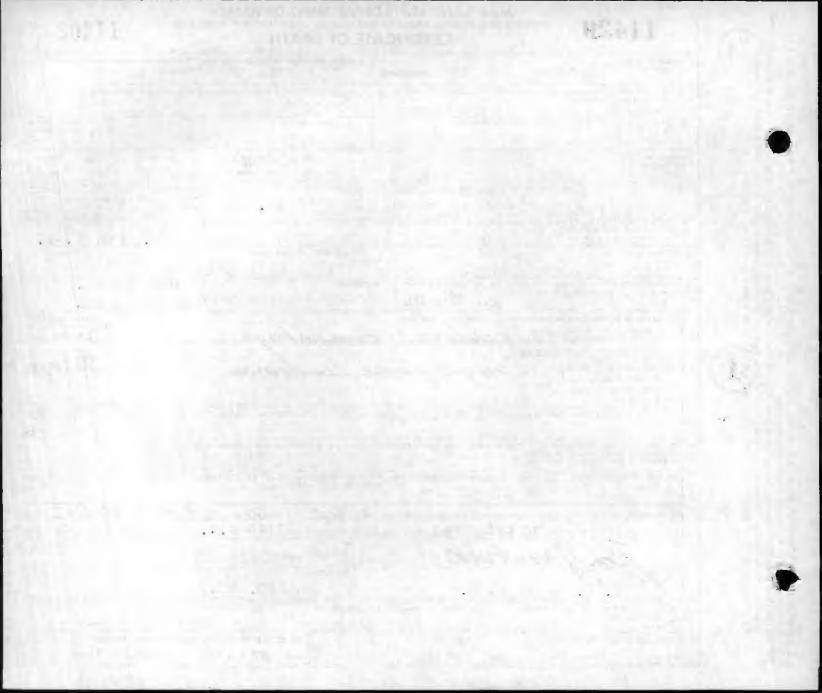
11420

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11402

1. PLACE OF DEATH o. COUNTY GARRET	r	MARYL		2. USUAL RESIDENCE (Who o. STATE MARYI		4 4	GARRE		ssian)
b. CITY OR TOWN (If outside corporo RURAL and give nearest tawn) OAKLAND	te limits, write	c. LENGTH OF STAY IN	V 16	OAKLAN		limits, write RUI	RAL and give	nearest tov	vn)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION GARRETT CO. M		oddress) L HOSPITAI	.1	a. street address 18 ALD	ER STR	EET		ON	A FARM?
3. NAME OF DECEASED (Type or print) SAND	First R.A.	Middle JANE		BRAY	4. DATE OF DEATH	OCTOB		Day O	Yeor 19 60
5. SEX 6. COLOR OR FEMALE WHIT		RIED A NEVER MARRIED		DATE OF BIRTH OVEMBER 13	,1940	-	Month 02	-	1
10a. USUAL OCCUPATION (Give kind of during most of working life, even if the HOUSEWIFE 13. FATHER'S NAME  FLOYD MARSHAL	etired)	Own Home	INDUST	BRUCETON 14. MOTHER'S MAIDEN N	MILLS,	W. Va	T	S. S.	A .
FLOYD MARSHAL  15. WAS DECEASED EVER IN U. S. ARME (Yes, no. or unknown)  (If yes, give war or decease)	FORCES? 16.		17. INF	ORMANT		_Baddie	a DER	ST.	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	(b) UE TO (c)			Lewstern OT RELATED TO THE TERMI		ONDITION GIVE	N IN PART 1(	30 d	S AUTOPSY FORMED?
PART II. OTHER SIGNIFICAN  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)  20c. TIME OF INJURY Manth, Doy Hour a. m. p. m.  21. I certify that (I) (this has saw the deceased alive an	Year 20d. I 19 While of war	NJURY OCCURRED Not while rk of work ded the deceased f	ram	E OF INJURY (Hame, form ry, street, office bldg., etc.)  2 Sept. 19 ath accurred at 11:	20f. (City or 1	own)		7 that (1)	(State
220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  230. BURIAL, CREMATION, 23b. DATE T	ant M.	ws.	M	D. ATTENDING MI DI 22d. ADDRESS OAKLAN	ED S	TAFF HYS. []		7	22b. DATE SIGNED
REMOVAL (Specify) Burial 10/1: 24. FUNERAL DIRECTOR'S SIGNATURE Minnich Funera	2/60 1 Home	Deer Par ADDRESS Oakland,		emetery 250. REC'S ryland DATE	Deer Debrare Det 17'60	256, REGIST	Ma TRAR'S SIGNA William S.		ad



VR A1S (4) 15M 9/59

## 11421

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11403

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  Petersburg,  d. STREET ADDRESS  Crites  4. DATE OF DEATH October 6, 1960  8. DATE OF BIRTH April 1, 1881  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.  STRY 11. BIRTHPLACE (State or foreign country) West Virginia  14. MOTHER'S MAIDEN NAME Margaret Mongold  NORMANT  Address  Margaret Mongold  NORMANT  Address  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH
Crites   4. DATE   Manth   Day   Yeor   Crites   DEATH   October   6,   1960   8. DATE OF BIRTH   9. AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS.   April 1, 1881   9. AGE (in years   Months   Days   Hours   Min.   Yrs.   Months   Days   Hours   Min.   Yrs.   Months   Days   Hours   Min.   Yrs.   West Virginia   U.S.A.   14. MOTHER'S MAIDEN NAME   Margaret   Mongold   MACHINET MAIDEN NAME   Mongold   MACHINET MAIDEN NAME   Margaret   Mongold   MACHINET MAIDEN NAME
Crites  BEATH  Crotober 6, 1960  8. DATE OF BIRTH  April 1, 1881  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Yrs. Months Days Hours Min. Yrs. West Virginia  12. CITIZEN OF WHAT COUNTRY?  U. S. A.  14. MOTHER'S MAIDEN NAME  Margaret Mongold  NFORMANT  MA S. Hall Petersburg, W. Va.  INTERVAL BETWEEN ONSET AND DEATH
April 1, 1881  Print II. BIRTHPLACE (Slate or foreign country) West Virginia  14. MOTHER'S MAIDEN NAME Margaret Mongold  NFORMANT  MASS. Hall  Petersburg, W. Va.  INTERVAL BETWEEN ONSET AND DEATH
West Virginia  14. MOTHER'S MAIDEN NAME Margaret Mongold  NFORMANT MA S. Hall Petersburg, W. Va.  CAILLY ALLUKE  INTERVAL BETWEEN ONSET AND DEATH
Margaret Mongold  MADDEN MARGANET MAD Address  MADDEN MARGANET MAD DEATH  MADDEN MARGANET MAD DEATH  MADDEN MARGANET MAD DEATH  MADDEN MAD DEATH  MA
MAS. Hall Petersburg, W. Va.  CHICK FAILURE  INTERVAL BETWEEN ONSET AND DEATH
EAICH FAILURE ONSET AND DEATH
NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part I or Port II of item 18.)
ACE OF INJURY (Hame, farm., 20f. (City or town) (Caunty) (State ctary, street, office bldg., etc.)
deeth occurred 2:30P from the couses and an the dote stoted above  M.D. PHYS. DIRECTOR STAFF 22d. ADDRESS  Oakland, Md.
tt Cemetery Durgeon, Hardy Co., W. Ve

in selection to the tree erece at the second and the second second second and the state of t  MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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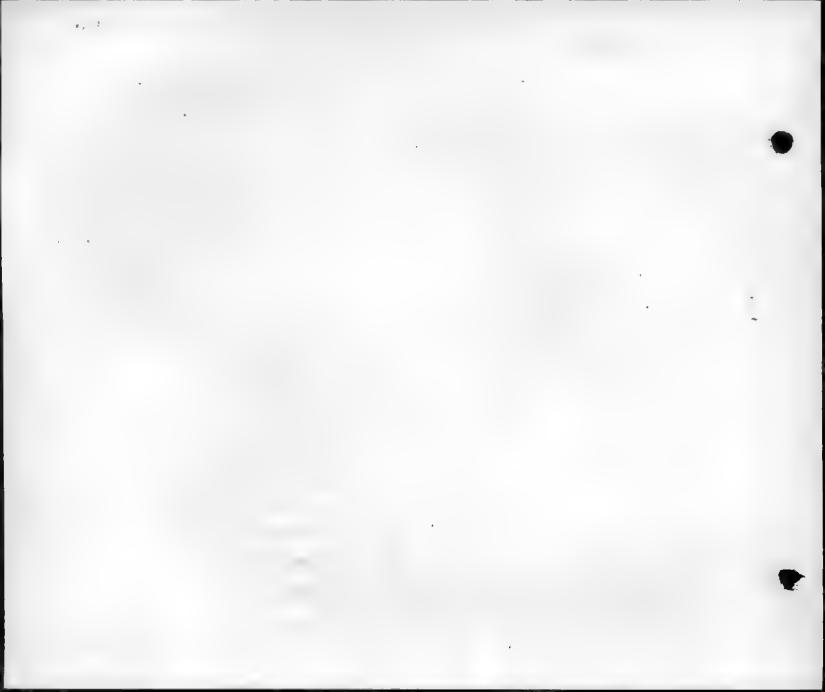
11430

1.	PLACE OF DEATH a. COUNTY						SUAL RESIDENCE (	(Where deceo			on Residenc	e before	<u>admissi</u>	on)
		KETT		MAI	RYLAND		MARYL	AND	ь,	COUNTY	GARE.	TT		
	CITY OR TOWN (III RURAL and give ne RURAL	and the second second		c. LENGTH OF STA		X°	CITY OR TOWN	(If outside cor		ts, write Ri	URAL and gi	ive neare	st lown)	
H	d. NAME OF HOSPIT	HOYES .  AL (If not in haspital, a	MD.				RULAL  I. STREET ADDRESS	, may -0 -1, m	الا و المالة	U.		ıt.	IS RESII	DENCE
	or institution 2 . TLI	O POLIMIT	OB H	OYES_bD.		2		ORTH	OTO TO	037730	. T		ON A	FARM?
3.	NAME OF	LS LOATH		Midd		140		4. DATE	OF H	UYES	<u></u>			
3.	DECEASED (Type or print)					OTT	Last	OF DEA1		Man		Day H		ear ~~ ~
Ļ		WILLIA	T	ARTHUR		-	STER	DEAT		<u>CTOB</u>	EK IF UNDER 1	2L		960
2	SEX	6. COLOR OR RACE		IED NEVER MAR		B. DAI	TE OF BIRTH		lost l	(In years sirthday)		-	Hours	Min.
	MALE	WHITE	WIDOWE			AP		1888_	7	S ALE				
10	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>	ON (Give kind af work i ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	STRY !	11. BIRTHPLACE (St	ate or foreign	country)		112 CITIZ	ZEN OF W	/HATCO	DUNTRY?
L	FARMER			WNED FAR	M		HOYES	, MAR	YLAN	D	U.	. S.	Α.	
13	. FATHER'S NAME					14.	MOTHER'S MAIDE	N NAME						
0	EMMAN	TUAL E. C	uste	r			ELMA (	CUPPE'	$\mathbf{T}\mathbf{T}$					
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	IO 17. IN	IFORM	LANT			Addr	ess			
Ι.	NO.	R IN U. S. ARMED FOR If yes, give wor or doles of s	71	5 36 777	'l  <sub>H</sub>	UB	ERT A. 1	FR TENI	D HI	OYES	MARY	TT.A N	D	
F	18. CAUSE OF DEA	TH [Enter only one co	use per liy	ng for (a), (b), and (e	:}-]	-						INTER	AL BET	WEEN
	PART I, DEA	TH WAS CAUSED BY:	F	A A COASA	A 1	2	Alux	0.00					AND I	
	14	DUE TO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-	1						1		
	Conditions, if or	100	R A	101.111	e all a	1		ě s				1		_
	gove rise to in		,	mary.	1. 1. 1. 1.		7-1000	James S. Jan. 4 has					- pisto :	2_
ı	Cause (a), stating l lying couse last.	the <u>under-</u>	-	7 173		м :	7					_		3
Z		J (c	<del></del>	ONTRIBILITING TO F	FATH BUT	NOT I	PERATED TO THE TE	PMINIAI DISE	ASE COND	ITION GIV	EM IN PART	1(0) 19	WAS A	LTOPSY
CERTIFICATION	PART II. OVE		DITION 3 C	OIAIKIBOIIA TO E	CATH BUT	14011		KMIIJAL DISE	MSE COND	THO N GIV	Eld Ha LWKI		PERFOR	
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRE	D. (Ent	er noture of injury	in Port I or F	art II of it	em 1B.)				
MEDICAL	20c. TIME OF INJURY		or 20d. IN	JURY OCCURRED  Not while			F INJURY (Home, f treet, affice bldg.,		ity or towi	1)	(C	ounty)		(State)
×		19	at work			_								
	21. I certify tha	t (I) (this hospitol	) attend	ed the deceose	d from	$\nu$	20 routes	19.47. to	13	Oct	196	O, that	(I) (v	ve) lost
	saw the deceos	ed alive on 🏒 🗦	027	1 1960, an	d that d	leoth	occurred at/	M, from	m the co	uses an	d on the	dote s	toted	above
	220 SIGNATURE													DATE
	1	- the	122	2		MD	ATTENDING PHYS	MED DIRECTOR [	STAP					3108450
	22c. PHYS CIAN'S NAME (Type)	E. MAI	YCE	E M.D.			22d ADDRESS	LAN	d.	MA	RIL	ANC		
23	a. BURIAL CREMAT O	N. 23b. DATE THEREC	)F	23c. NAME OF CE	METERY O	R CRE	MATORY	23d LOC	ATION (C	ity, town.	or county)		(State	)
	REMOVAL (Spec fy)	10/24/	60	HOYES	CEM				YES		KYLa	».D	,0.210	,
24		c sleetstune		ADDRESS	OLIM	444	25a R				STRAR'S SIG			
1	THE TOTAL	FUNCHALL	HOLI	0 / .	KLn.N.	D I	3	OCT 2	60'60		Irlian d		4	

after death Page 4 Then please remove carban papers. Pages I and 2 shauld be fired with the funeral director, TO HOSPITAL BY TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be reported by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached far use as the burial-transit mermit. Then please remaye carban papers. Pages I and the State Board at Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

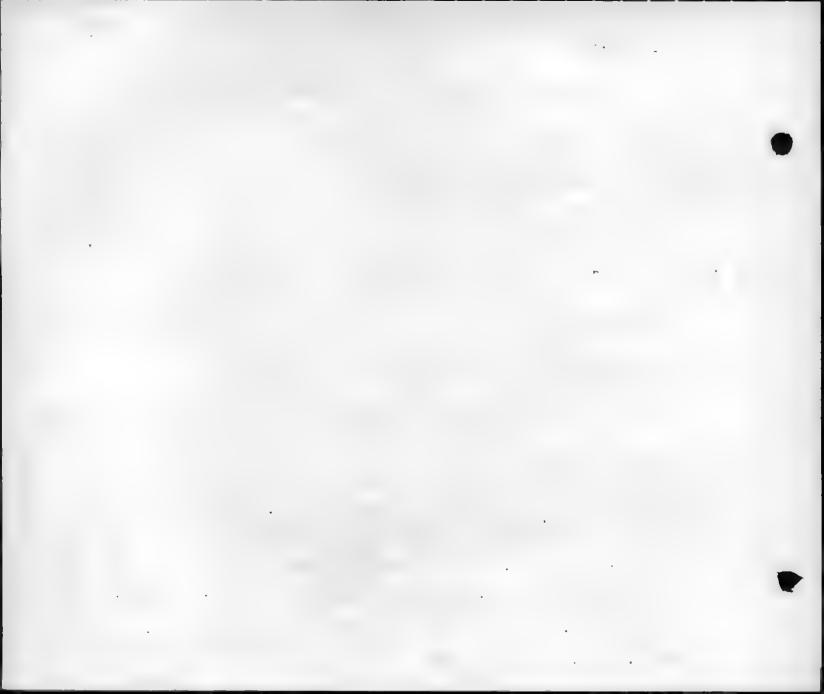


VR A1S (4) 1SM 9/59 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

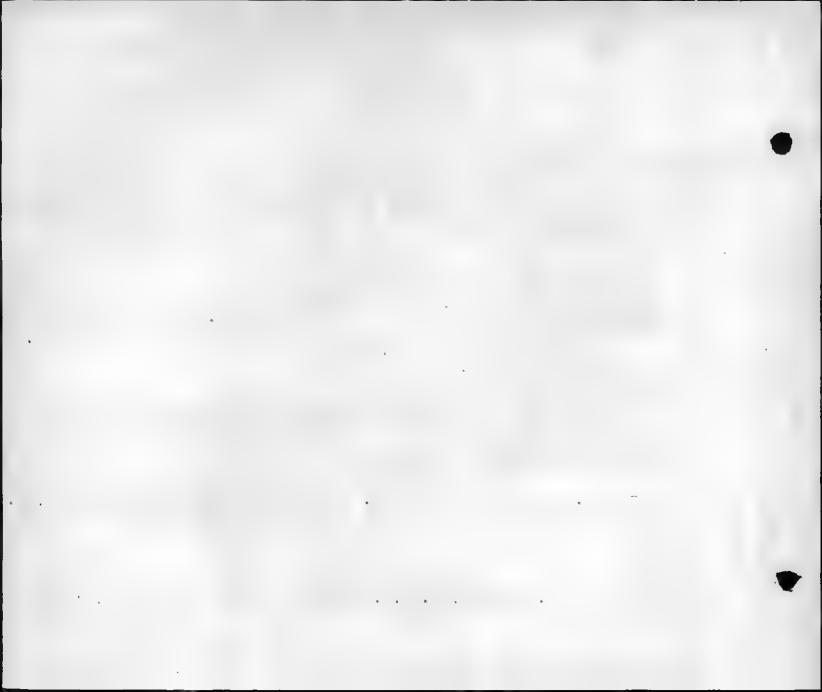
11405

11422 CERTIFICATE OF DEATH

	CE OF DEATH		MARYLAND	a. STATE +		_	lived. If instituti b. COUNTY			sian)
h C	Garrett TY OR TOWN (if outside corporate lim	ite write	c. LENGTH OF STAY IN 16		<u>laryla</u>		ate limits, write R	Alleg		n)
RL	JRAL and give nearest lawn)	IIS, WITTE	C. LENGTH OF STAT IN TO	c. Citi Ok	TOWN (IF a	uiside carpor	are timits, write K	DKAL die give i	legiesi iuw	-''\
	land		2 years	Rt	mal,	near C	umberlar	nd C	11	
d. N	AME OF HOSPITAL (If not in haspital, of R INSTITUTION	give street	address)	d. STREET	ADDRESS				e. IS RES	SIDENCE A FARM?
	ippett Nursing Hom	6		Rout	te 2.	Willia	ms Road			NO 🔲
3. NAA	NE OF Fin		Middle	ما		4. DATE	Man	th	Day	Year
	ASED CHARLES L	EWIS	DAVIS			OF DEATH	October	1	,	19 60
S. SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRIED 🔼	B. DATE OF BIRT	Н	1	AGE (n years last birthday)	IF UNDER 1 YE		
M	ale White	WIDOWE	DIVORCED	October '	14. 18	71	88 yrs	Manths Day	s Haurs	Min.
10a JS	LAL OCCUPATION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INC					12. CITIZEN	OF WHAT	COUNTRY
	ring most of working life, even if retired		mana 7 Danmain a	Banata	O 11-	t- D	a 01	2	. 3	7701.0
	etired Farmer	l ue	neral Farming	14. MOTHER'S			d Cumber	land, N	ld.	IISA
Ia. FAII	TER S NAME			14. MOTHER	MAIDEN IN	MAME.				
} L	ouis Davis				sa Gle	ichman				
	S DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO 17.	INFORMANT		518	Eltimore	e Avenue		
no	7. 7.4 8		none Ru	ssell Wer	tling		-	Marylan		
	CAUSE OF DEATH   Enter only one co				C	PA P(1117)	CAL ALABAMA		TERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY:	· A	20022200	volce.	Das	1 D D-1	10 111	La 1 )10	NSET AND	DEATH
	IMMEDIATE CAUSE (c		THE PLU SECTO	rejec.	PERM	/ mv	LE- III	100x		
- 0	× 60 × DUE TO	, a	1 1 1	Man	2001	1.				
	anditians, if any which ) (b	)	Renche.	UYL	LLL	10-				
	ave rise to immediate DUE TO	)								
	ing cause last.	:}								
Z T	PART II. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GI	EN IN PART 1(a	19 WAS	AUTOPSY
AŢ										ORMED?
E 200	. ACCIDENT WAS UNDERLYING	Tagh DESI	CRIBE HOW INJURY OCCUR	RED /Enter nature	of injury in I	Part Lar Port	M of item 18.)			3 110 14
	CONTRIBUTING   CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)			incer (circo ridoro						
WEDICAL 20c	TIME OF INJURY Manth, Day, Ye	or 20d. II		PLACE OF INJURY			ar tawn)	{Caun	ty)	(State
E E	Haur a.m. p. m.	While	k at while	factory, street, affic	se nind", eic	7				
				Bal-I-		1 (	1.110			
21.	I certify that (I) (this hospita	l) ofteno					O Maper			
-	w the deceased alive an 1	III A	19(0) , and that	death accurre	d of W	M, from	he causes ar	id an the do		
22	S'GNATURE 1	; A	-	ATTENDIN	· /		67.55		1 1 22	25, DATE SIGNEI
	P. Haum	Wil	na	M.D. PHYS.		RECTOR -	STAFF PHYS	100	11/16	10
220	PHYSICIAN'S			22d ADDE	RESS.	. 5-	<u> </u>		12	
	ENTE SAUMOA	UN	LR.	25	<u>h</u> Dt	257	- WAK	OND		D,
	R AL CREMATION, 236, DATE THEREC	OF	23c. NAME OF CEMETERY	OR CREMATORY		23d LOCAT	ON (City, tawn,	ar county)	(Sta	ite)
B	MOYAL (Specify) Oct. 3.	1960	Mt. Herman C	emeterv		Alkega	ny Count	v. Marv	land	
24. FUN	IERAL DIRECTOR'S SIGNATURE		ADDRESS		2Sa. REC'			STRAR'S SIGNA		
Te	ohn J. Hafer, Cumbe	arlar	d. Maryland		DATE 0	CT 5 '8	0 0	rthung S. A	rank	
00	TITLE OF TIGHT OF P THINK	Tall	us l'iour y Lauriu				1			



W I	. 30	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
S S	7	11435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11406
shauk	(B)	1. PLACE OF DEATH  o. COUNTY  THERET I  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  D. COUNTY  D. COUNTY
30 %	(IVI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pog bur		RURAL GRANTSUILLE - CONFLUENCE PA
ar.	25.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
price price		536 HUGART 75X-3 ON A FARMY
ny dele uneral your f egistrar	1	3. NAME OF DECEASED (Type or print)  NERLE HAROLD GRIFFITH OCT, 19 1960
if of the far		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In yours lost brithdoy)   South brithdoy)
를 하는 를 를		WIDOWED DIVORCED ADRIL. 4, 1902 58 ya. Months Days Hours Min.
2 sed dec		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
2, and		13. FATHER'S NAME
2 - E 2		11/2:
4 hour ages 1 ge 5 m		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
iffin 2 Give P		(Van, no. och hybrand) (If yes, give war or dotter of services) 174-16-1890 Mass. Chiloren Driffeth, Confluence. Fo
B. €.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.
sem ]		PART I. DEATH WAS CAUSED BY: Transection of Cervical Cord; Fractured 2-3 Min.
n He		Conditions, if one which as Pure over hy customobile
d be		gove rise to immediate cause
alor Sur		(o), stating the underlying DUE TO
Ficate st ling" in Office ed as a	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
pend pend per's		TO TYPERALL CALLES WAS 200 DECEMBER HOW WHITEN OF THE PARTY AND A COLUMN THE PARTY AND A CO
d in it		
Ex Ex		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tewn) (County) (State) Hour and Oct 10 to 60 While Not while 1 factory, street, office bidg, etc.)
AINI he dicc		2 7.44 p.m. OC 0.13 19 Odu work M RC. # 40 WOSE OI Grantsville, Garrett, M
XAN iting	"	21. I certify that I took charge of the remains described above, held an Autapsy 🖪, Inspection 💢, Inquiry 🛣, and find that
Chie		death resulted fram: Natural causes [], Accident 🛣 Suicide [], Homicide [], Undetermined cause [].
DIC.		ACTUAL A THE STORY OF THE STORY
0		ACTUAL SIGNATURE COLUMN H. Series . ASSISTANT MEDICAL EXAMINER .
DEPUTY of the prwarded FUNERAL	DAOU	EXÁMINER'S NAME (Type) JAMES H. FEASTER Jr. M.D. DEPUTY MEDICAL EXAMINER EX October 19. 1960
orwo FUN	76.	220. BUR AL, CREMATION, 1226, DATE THEREOF 122c, NAME OF CEMETERY OR CREMATORY 122d, LOCATION (City, Joyanner country) (State)
5 25	0	BURIAL 10/23/60 ADDISON ADDISON ADDISON, SOMERSETCO PA
VS. A15ME(5	1	23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 10 240. REC'D BY REGISTRAR'S SIGNATURE
5M 9/55		Don't Newmon, Dansvelle, Med DATE OCT 26'60 Citing S. Kinns



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<u></u>	ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of	F.e	6
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VS. A15ME(5) 5M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11432 MEDICAL EXAMINEP'S CEPTIFICATE OF THE PROPERTY OF THE 11407 Reg. Dist. No.

	1. PLACE OF DEATH COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Maryland b. COUNTY Garrett								
	b. CITY OR TOWN Iff outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 Star Route Oakland unk.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  McHenry								
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO								
	3. NAME OF DECEASED (Type or print) Frank Carl Ki	Loss 4. DATE Month Doy Year OF DEATH 10 1 1960								
	5. SEX Male  6. COLOR OR RACE White Widowed Divorced A	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   43 yrs.   Manihs   Days   Hours   Min.								
	100. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired] Odd Jobs miscellanous	Than In the state of the state								
	13. FATHER'S NAME Fredrick King	14. MOTHER'S MAIDEN NAME Margaret (Mohr)								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INN YES WW 2 11-07-8505	Wilbur King Charleroi, Penna.								
	18. CAUSE OF DEATH [Enter only one course pir line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (b)  DUE TO  Course lost.  (c)	Right Temporal Interval Bertween ONSET AND DEATH								
Prime.	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART 1 or Port 1 or Port 11 of Item 18.)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200-putch									
		21. I certify that I taak charge of the remains described thave, held an Autapsy . Inspection I Inquiry and find that death resulted from: Natural causes. Accident . Suicide . Homicide . Undetermined cause .								
7		M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								
	EXAMINER'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CORRESPONDED 10/5/60  DUPLAL  22b. DATE THEREOF OAKLAND. CEMETERY OF CORRESPONDED C	DEPUTY MEDICAL EXAMINER DE CACTUMY (Stote)  REMATORY 22d. LOCATION (City, town, or county) (Stote)								
	burial 10/5/60 Oakland Ceme 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	tery Oakland, Maryland  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE								
(2)	Lewell M. Minniehakland, Marvland	d DATE DET 7 '60 andres & trans								



## 11422

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11402

4. 46.	74345	CERTIFI	CAIE	Or DE	АІП			4.	<del>1</del> <del>1</del> <del>1</del> <del>0</del> 0	)
PLACE OF DEATH					ENCE (Wh	ere decease	d lived. If instituti	an-Residence	befare adm	ission)
o. COUNTY	GARRETT	MARYLA	AND	a. STATE	ARYI	(T-EA T	b. COUNTY	GALK	רחומיג	
b. CITY OR TOWN (	If outside corporate limits, write	c. LENGTH OF STAY IN	ч 16				prote limits, write R			wn)
OAKLAND		25 Yrs.		( ID:	ıral'	١ ٥٥	kland.			
d. NAME OF HOSPIT	TAL (If not in hospital, give street		- 1/	d. STREET AD		, 00	n.Lana.		e. 15 Rf	ESIDENCE
OR INSTITUTION	ES SOUTH OF	OAVLAND D								A FARM?
NAME OF DECEASED	First	Middle		Last		4. DATE OF	Mon	ith	Day	Yeor
(Type ar print)	HUBER	T		MARTIN	1	DEATH	OCTOR	BER 1	4	1960
SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. D/	ATE OF BIRTH			9. AGE (in years lost berthday)	Months Do	_	
MALE	WHITE WIDOV	WED DIVORCED		ULY 26	3 188	82	78 yrs.	MOINTS DE	ays Hour	s Min
. USUAL OCCUPATION	ON (Give kind of work done 10th king life, even if retired)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (Stote	or foreign c	ountry)	12 CITIZE	N OF WHAT	COUNTRY
FARME		FARING		STRE	EBY 1	W. Va		II.	S.	Δ
FATHER'S NAME			14	MOTHER'S	of the Auto-		_			
CHRIS	TOPHER MARTI	N		ANNA	BIII	RGES				
. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	17. INFOR		201		Add	ress		
Yes, no, or unknown)	[If yes, give war or dates of service]		B/Tua	- Th	37	Man and d	- D± PT	001-3		212
NO I		1 1000	l Wr	S. Emi	TA 1	Marti	n RIJ	Qakl	INTERVAL	Ma
	ATH {Enter only one cause per ATH WAS CAUSED BY:	interior (a), (b), and (c).	14						ONSET AN	D DEATH
A > 0	IMMEDIATE CAUSE (0)	LING BOWL	JIM	Market.	KI				30	CELL.
1337	DUE TO			16	,	4.	/			~
Canditions, if o	ny, which ) (b)	ununalna	1 1	nthan	ecles.	Vae	awar .		UNI	<. □
gave rise to i		0								
lying couse last.										
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY
PART II. OTI  20a ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY										FORMED?
200 ACCIDENT WA	AS LINIDERIVING (T) 20h DE	SCRIBE HOW INJURY OCC	CIIDDED (E	nter notire of	injury in I	Part Lor Par	et II of item 18.1		152	1 110
OR CONTRIBUTING	G CAUSE OF DEATH	SCHISE HOTE RESORT OCC	JORKED. (CI	mer no ore or	injory in t	I di i i oi i oi	, ,, ,,			
			0 01.00			ant say				
20c TIME OF INJUR Hour o.m. p.m.	Wkil			OF INJURY (H. street, office			y or lawn)	(Cou	inty)	(State
p. m.	19 of wa					i				
21 L cartify the	at (I) (this haspital) atter	ided the deceased fr	ram 2	7 Sunt.	19	60 to	1408.	1964	that (I)	(we) In
saw the decea	2.46.46.41	19.60, and the					the causes an			
220 SIGNATURE	100		nai deal	II accorred	CIEZZO	ANA MAIN	tile cooses or	iu on me o		22b. DATE
/	Sella actual	m.		ATTENDING			STAFF	11	114-	SIGNE
22c. PHYSICIAN'S	DYUUNIN	0.	M.D.	PHYS 22d. ADDRES		rector [	PHYS [_]	10	1/3/	60
NAME (type)	B. L. GRANT	3°.D.		3rd	-	t. OA	VTAND N	/A		
J		. 4 7 0		010		0	# 1317/1/1/	10. 8		
3a. BURIAL, CREMATIC REMOVAL (Specify)	ON 236 DATE THEREOF	23c NAME OF CEMET	ERY OR CR	EMATORY		23d LOCA	TION (City, town,	ar county)	(51	ole)
RURTAL	10/17/60	EGLON CE	METER	RY		EGI	ION W	. Va.		
FUNDAT CAREGRA	MSIGNATURE HALL HO	ME ADDRESS DAKT.	AND		25a. REC'I	D BY REGIST		STRAR'S SIGN		
9+60 X	0.50	- I OAND	AND .	•	DATE Q	T 1 9 '	60 CL	return 2. t	hous	
	The French of the State of the	,								

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Garrett P. STATE **b.** COUNTY MARYLAND Marvland Garrett buriol b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] Kitzmiller life Kitzmiller d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE YES NO 3. NAME OF **First** Middle 4. DATE Month. Day -DECEASED OF DEATH (Type or print) Robert Fredlock Pritts 10 6 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. 2 with th Months Male White WIDOWED [7] DIVORCED [] yrs. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pe Miner Coal Elk Garden. W. Va. IISA 13. FATHER'S NAME YOU 14. MOTHER'S MAIDEN NAME Joseph Pritts Ann Fredlock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -16-5485Robert K. Pritts. no Kitzmiller. B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TURSHOT WOOND OF HAAD AND NECK **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ICATION PERFORMED? CARLINDMA 20g. EXTERNAL CAUSE WAS PRIMARY TO TO CONTRIBUTING CAUSE OF DEATH. 20b (DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection # Inquiry and find that death resulted from: Natural causes . Suicide . Homicide . Accident . Undetermined cause . MEDICAL E ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forword FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) 0 buria 9/ Dakkand Nethken Cem. Elk Garden.

**ADDRESS** 

Maryland

y w domedakland

24g, REC'D BY REGISTRAR

DATED CT 1 0 '60

ON A FARM?

Year

1960

NO TO

(State

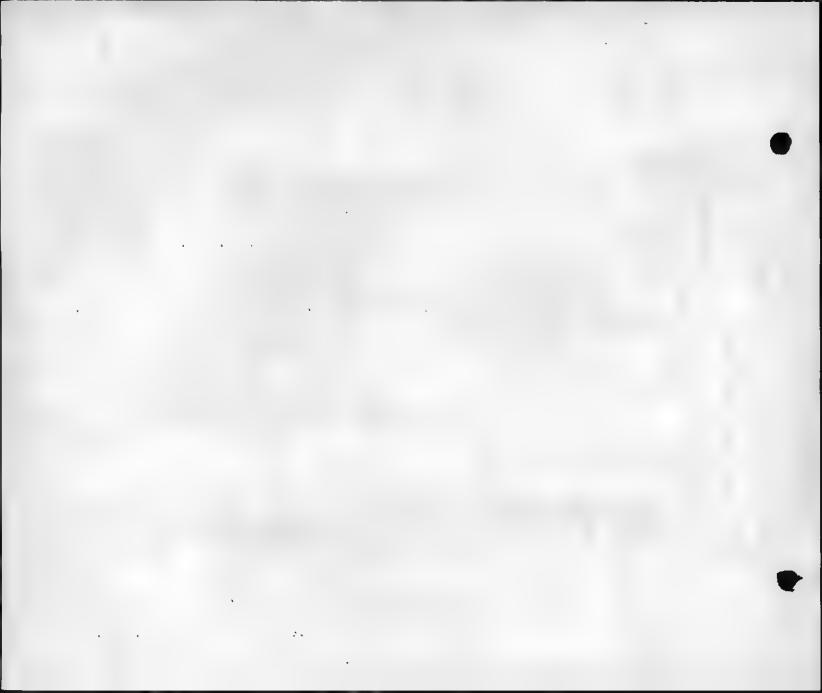
(Stote)

24b. REGISTRAR'S SIGNATURE

Orthur & Krave

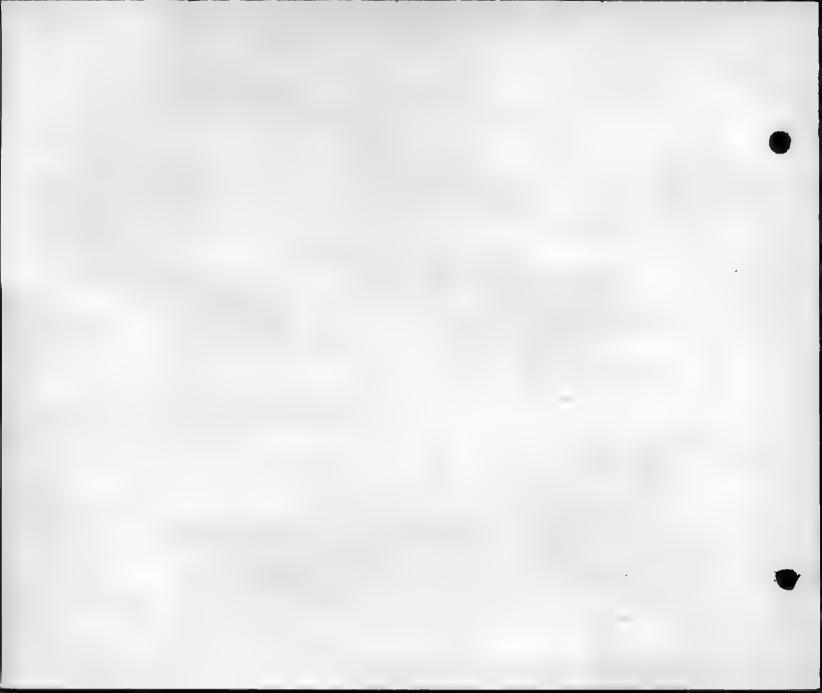
VS. A15ME(5) 5M 9/5S

23 FUNERAL DIRECTOR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremotion, Reg. Dist. No. PLACE OF DEATHY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY (A o. STATE /1/1 MARYLAND burial, CITY OR TOWN: (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate (imits, write RURAL and give nearest town) DN75 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO registror NAME OF funerol First Middle 4. DATE Lost Month Day for your DECEASED (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. 9. AGE /In years IF UNDER TYPAR IF UNDER 24 HRS. ş 2 with the Months Days Haurs Min. WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond 2 TIKED AIII. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Poges 1, 40 980 IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) a buriol-tronsit **DUE TO** Conditions, if any, Which gave rise to immediate cause olong DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 00 PERFORMED? peso YES 🗍 NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 3 should word WEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Medicol White a. m. Not while of work of work p. m prworded to the Chief Medi 21. I certify that I taak charge of the remains described abave, held an Autopsy 🗍 Inspection V. Inquiry and find that death resulted from: Natural causes 12% Accident Suicide Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S orworde cute the DEPUTY MEDICAL EXAMINER [ NAME (Type) 220, BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF **EREMATORY** 22d. LOCATION (City, town, or county) (Stote) ō REMOVAL (Specify) 23/FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS. A15ME(5) arilar S. Hrand 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

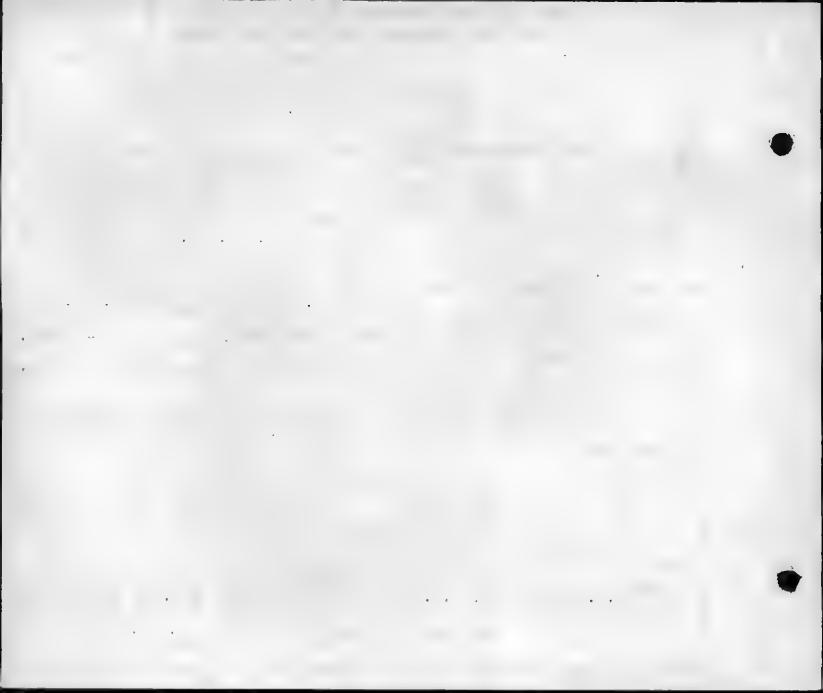


	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18
11423	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

Reg. Dist. No.

	B. COUNTY	Garrett			MARYLAND			Where deceas	ed lived. If inst b. COUN		ce befor		sion)
	b. CITY OR TOWN ond give restall Oakland		s, write RURAL	c LENGTH OF	STAY IN 16	city o		If outside corp Lake	Park	te RURAL and	give nec	orest fow	n)
ľ	d. NAME OF HOS	County	*			d. STREET	ADDRESS					ON A	SIDENCE FARM? NO 14
ŀ	3. NAME OF DECEASED	<u>oo arre</u>	First	Mid		li /	eł.	4. DATE	Ma		Day	Ye	or
	(Type or print)	William		Elisha	St	evens		DEATH	10	)	5	19	60
	s. sex Male	White	ACE 7. MARK	ED DIVO	ARRIED B	May 6		16	9. AGE (In years loss birthday)			F UNDE Hours	R 24 HRS. Min.
	during most of wo Welder	ATION (Give kind of w rking life, even if reli	vark dane 10b. red]	KIND OF BUSINES	SS OR INDUST	Tay.	lor (	e or fareign o	ountry) V. Va.		EN OF		OUNTRY?
İ	13. FATHER'S NAME					14. MOTHER"	S MAIDEN	NAME					
ı	Milton	G. Stev	ens			Ver.	la Ph	nillig	8				
Ī	15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMEL		. SOCIAL SECURIT	Y NO. 17. II	IFORMANT			Addre				
l	no	In the Bure was as as			Le	ster 1	M. St	cevens	Graf	ton,	W.	Va.	
F	18. CAUSE OF C	EATH [Enter only one	e cause per lin	e for (a), (b), and (	(c).]						INTERV	AL BETWEE	N IN
	PART I. D	EATH WAS CAUSED I	BY: iE (a)	INTRAPE	RICAR	DIAL F	TEM OR	RHAGE	, MASS	IVE		-10	Min.
ı	451	2.0	TO										
ı	Conditions, if		(b)	RUPTURE	OF D	ISSECT	ING	ANEUR	YSM OF	AORTA	5-	-10	Min.
ı	gave rise to im		TO										
I	couse last.	<del></del> }	(c)										
I	PART II.	OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO	O THE TERM	AINAL DISEASI	E CONDITION G	IVEN IN PART	1(a) 19.	WAS A	UTOPSY RMED?
ı	3										YE	XX	но 🗆
	CAUSE OF DEAT	CONTRIBUTING 🗆	20b. DESCRI	BE HOW INJURY (	OCCURRED. (E	ntar nature af i	injury in Po	et I ar Port II	of item 18.)				
	ZOC. TIME OF IN	m.		INJURY OCCURRI		CE OF INJURY bry, street, offic	(Home, for te bldg., etc	m. 20f. (City	or town)	(Cour	ily)		(Slate)
ı		that I taak cho				ve. held a	n Autons	sv 127 Iz	spection X	Inquiry	וצו	and f	ind that
١		ed from: Natu	_						ndetermined		TOT.	dild i	ind mgr
	300,	10 6		Λ			railireia.	۰ اـــا ،	ideret illinea				
	ACTUAL SIGNATURE	1. Y. Loben	mar	mer		_M.D.		XAMINER				DATE SI	GNED
ı	EXAMINER'S.		0					CAL EXAMINE					
ŀ		I 🎩 Baum					Y MEDICAL	EXAMINER [			1960	)	
1	220. BURIAL, CREMA REMOVAL (Spec	TION, 225. DATE TH		22c. NAME OF C					TION (City, town			(State	)
-	burial		60	Bluemo	nt Cer	etery	194, 850	Graft		. Va.	147013-		
	23. FUNERAL DIRECT	110	mich.					T 1 0 '60		SISTRAR'S SIG!			
L	Special	11.1100	DINCIDS	akland,	<u>Mary</u> ]	and	DATES	1 10 00					

VS. A15ME(5) 5M 9/55



11424

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11412

1.	PLACE OF DEATH			44 4 8 4 7 4		USUAL RESIDENCE (Who		d lived. If instituti			dmission)
1		GARRETT		MARYLA		MARY			C-100 0 0 1	AR DE LA	
1	b CITY OR TOWN (I RURAL and give re	If outside carporate limite earest town)	s, write	c. LENGTH OF STAY IN	1Ъ	CITY OR TOWN (IF or	utside corpo	prote limits, write R	URAL ond g	pive nearest	town)
		DAKLAND		14 days		RURAL	0	AKLAND			
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, gi	ive street	oddress}	1	d STREET ADDRESS				e. I	S RESIDENCE
		COUNTY MEMOR	LAL	HOSPITAL		ĵ					ES NO X
	NAME OF	Firs	1	Middle		Last	4. DATE	Mor	eth .	Day	Yeor
	DECEASED (Type or print)	VICTO	)B	4		STOCKMAN	OF DEATH	OCTOB	CR.	7 .	19 60
_	SEX			RIED NEVER MARRIED	□ [8, p	ATE OF BIRTH		9. AGE (In years		I YEAR IF	UNDER 24 HRS
								last birthday)	Months	Days H	ours Min.
_	MALE	1 111177 734	WIDOW	357	- 41	PR.17,1872		88 yrs	12 CITI	751105140	HAT COUNTRY
JC	during most of worl	king life, even if retired)	ione IUD.	KIND OF BUSINESS OR	INDUSTRE	III. BIKIHPLACE (Sigre	ar toreign o	(dunity)	12.CIII		
	CARPEN	TER				WEST VIRG				U.S.	Α.
3.	FATHER'S NAME				1.	. MOTHER'S MAIDEN N	IAME				
		SYLVESTER	STO	OCKMAN	-	J	ANE	KELLEY			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	MANT		Add	ress		
•	n, no. or unknownj	(If yes, give wor or dates of se	(Ance)		ED	. P. STOCKM	IAN	ROUTE#2	OAKI	AND	MD.
=	18 CAUSE OF DEA	ATH   Enter only one cou	use per li	ne for (9), (b), and (c).]		11100000		TRO D TANK	Carre		AL BETWEEN
		TH WAS CAUSED BY.		lucie	10					ONSET	AND DEATH
	10.09	IMMEDIATE CAUSE (a)		ever te	~ 66					10	MECH
	13.7	S. DUE TO	100	ba == Pa1	- 10:	Cardis.		1. 1	1	4	7.1
	Conditions, if o		CL 1	YERCE SCELL	our	(alleces.	UCE 71	culler V	4 200	100	122
	couse (o), stoting			1	11.0					10	1-1
	lying cause lost	) (c)	fel t	Jetle Scil	162					, 876	127
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	SNOTIC	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(o) 19. A	€VAS AUTOPSY PERFORMED?
Š										YE	es 🔲 no 🔀
1	20a ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in f	Port I or Pa	rt II of item 18.)			
j	(IF EITHER, NOTIFY	MEDICAL EXAMINER									
5	20c. TIME OF INJUR	RY Month, Day, Yea	r 20d. 1	NJURY OCCURRED 20	De PLACE	OF INJURY (Home, form	, 20f. (Cit	y or town)	(0	County)	[State
MEDICAL	Hour o.m.	10	While		factory	, street, office bldg., etc.	.) [		·		
	p. m,		at wo				-11				
				ded the deceased fr							
		sed alive an OCT	r. 7.	19 <u>60</u> , and th	hat deat	h accurred at	Matt. M.	the causes ar	nd an the	date st	ated above
	22a. SIGNATURE	1.	-	11		ATTENDING /	-	27155			22b DATE
	L	Butul	2/	Mence	M D	ATTENDING ME	RECTOR [	STAFF PHYS		S'	60160
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS				D	
	NAME (19pe)	ANDREW E.	MAN	NCE, M.D.		THIRD ST	REET	- OAKLANI	MD.		
3	BURIAL CREMATIC	ON 236 DATE THEREO	F	23c. NAME OF CEMET	ERY OR CI			TION (City, lown,			(Stote)
	REMOVAL (Specify)			Terra Alta			_		,,	1 1	,
_	FUNERAL DIRECTOR		~~	ADDRESS	Ceme		D BY REGIS	TRAR 256 REGI	STRAR'S SIG	GNATURE	LFI.
. 4	(FTIIONX		a Al	taa, West Vir	ginia		OUT 1 3		Julhur 2		A
-	H. A. Wat			ense A8305	J=	DATE	, , ,				
		20119 6:00 2.00	71K (-)	cuse Mosos		UU	13'6	Cir	inun 8	Times	

Then please remaye carban papers Pages I and TO HOSPIT.

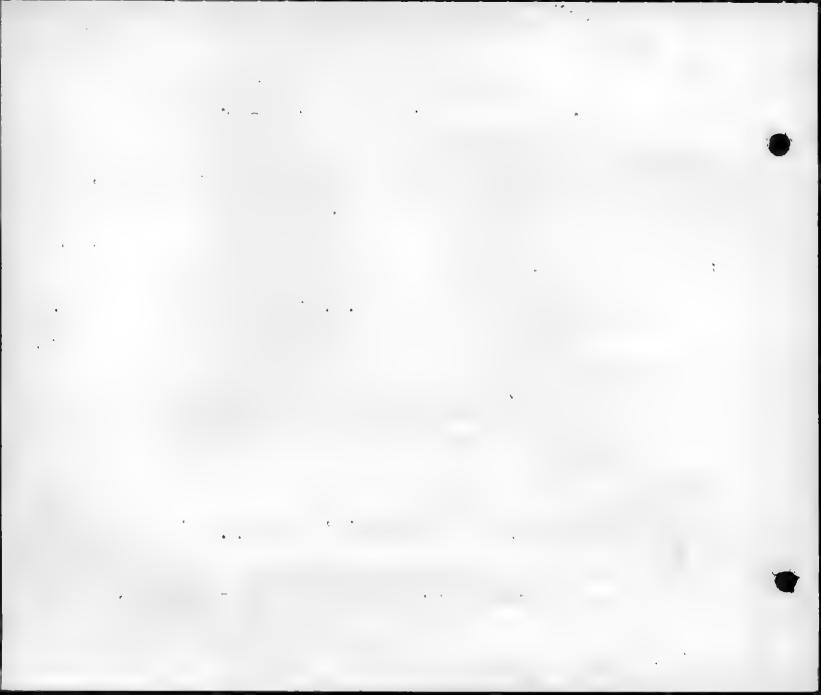
RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have may be received by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the at Inding physician and campletely fulled in a page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

2 should be filled with

ofter death. Page 4 the funeral director,

VR A1S (4) 1SM 9/S9



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

11413

e. IS RESIDENCE ON A FARM?

U. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO F

(State)

SIGNED

(State)

(County)

YES X NO

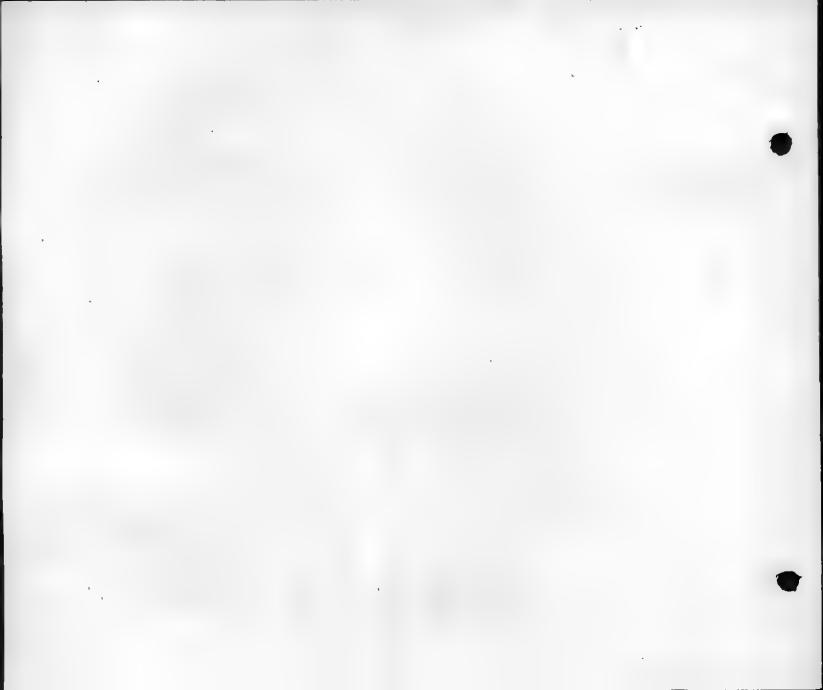
Year

1960

director, 1. PLACE OF DEATH g. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. SIATE / Pennsylvania **b** COUNTY Garrett MARYLAND Lancaster funeral b CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e e RURAL and give nearest town) should Yrs. KD. Horgantown Oakland d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS 35 puo NAME OF 4. DATE First Middle Manth campletely filled Stoltzfus DEATH October death. (Type or print) Catherine IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH S. SEX 7. MARRIED T NEVER MARRIED A 9. AGE {In years iast birthday) Pemale White DIVORCED | October. WIDOWED [7] papers. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? haurs during most of warking life, even if retired) Pennsylania pup Housem: dd pan 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 100 physician .⊆ Sarah Esch remaye Stoltzfus WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Gortner. Jonas Stoltzfus NO please 1B. CAUSE OF DEATH [Enter only one cause per line, far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) j. DUE TO ģ permit. Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underhas been si burial-transit lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate os MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or tawn) Day, 20d. INJURY OCCURRED factory, street, affice blda, etc.) Hour a m. While Not while at work at work p. m. detached far 21. I certify that (I) (this haspital) attended the deceased from\_ Health saw the deceased alive on 22a SIGNATURE ATTENDING MED DIRECTOR [ STAFF þe M D PHYS 22c PHYSICIAN'S 22d. ADDRESS 3 sha≡d Leighton. Oak Street. Oakland. page 3 sh the State ! 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) BURIAL CREMATION. REMOVAL (Specify) Willwood rennsylvania Gap. 0 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR arthur S. House

attending gned ar attending physician. After this HOSPITE OR ATTENTION be reported by the FUNERAL DIRECTOR:

VR A15 (4) 15M 9/59



VS. A15ME(5) 5M 9/55

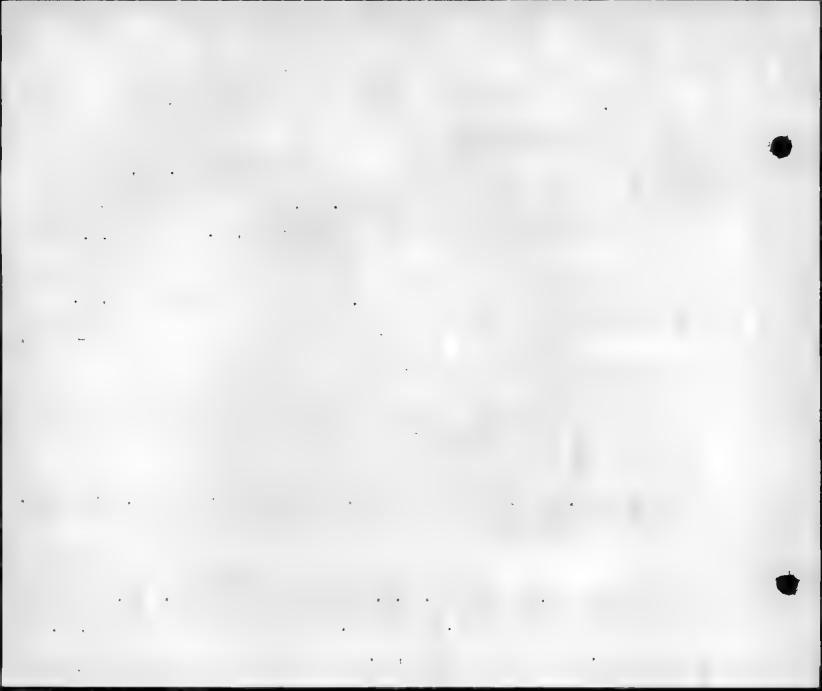
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N T

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	1
11436	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		ŕ

	MARILAND SIAIE DEFARIME		
436	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	H 11415
ATH		2 TISTIAL RESIDENCE (Where decorated lived 16	Institution, Paridone before adminis

	o. COUNTY Garrett MARYLAND	a. STATE Maryland b. County Garrett									
	b. CITY OR TOWN It outside corporate limits, write RURAL RUTAL MC. LENGTH OF STAY IN 16 RUTAL MC. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mountain Lake Park									
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  River ½ Mile ast of Town	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO									
		igg Leet 4. DATE Month Day Year OF DEATH Oct . 14. 1960									
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  Jan. 10, 1897  9. AGE (in years lead bythogy)  O3 yrs.  Months Days Hours Min.									
	100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUS during most of working life even if retired) Used Car Lot	TRY 11. BIRTHPLACE (Stole or foreign country)  Cumberland, Md.  U.S.									
	13. FATHER'S NAME Levin Twigg	Orlena Nicely									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  (If yes, give war or dotes of service)  (16. SOCIAL SECURITY NO. 17.  (17. 217-10-116)	Mr. Curtis Twigg Cumberland, Md.									
	18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  ASPHYXIATION  3-5 Min.										
	Conditions, if ony, which to Drowning the governise to immediate cause to immediate cause the state of the st										
	(c), stoting the underlying DUE TO couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
	Also slashed wrists and neck										
- 1	CAUSE OF DEATH. Suicide 1										
	집 Hour e m   While Not while   Foo	CC OF INJURY (Home, form. 20f. (City or lown) (County) (State) tory, street, office bidg., etc.)  Mt.Lake Park Near Oakland, Garrett, Md.									
		ove, held an Autopsy 💢 , Inspection 💢 , Inquiry 🔼 and find that									
	ACTUAL France 14 Jenston 1 . h o	DATE SIGNED									
	EXAMINER'S NAME (Type) James H. Feaster Jr. M.d.	ASSISTANT MEDICAL EXAMINER ( Oct. 17, 1960									
3	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BUrial 10-17-1960 Mt. Tabor	The state of the s									
	B. Funeral Director's Signature ADDRESS Charles L. George Cumberland, Md	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE OCT 1 8 '60 CILLIN S. TURE									



TO HOSPI

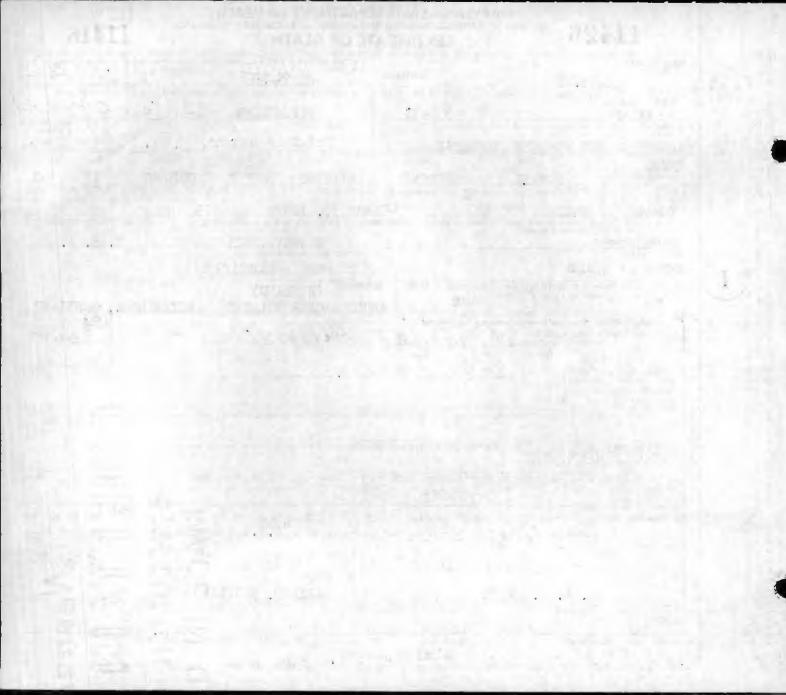
VR A1S (4) 1SM 9/59

11426

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11416

1. PLACE OF DEATH a. COUNTY	CADDEMM	MARYLAND	2. USUAL RESIDENCE /W o. STATE	Here deceased live	b. COUNTY	Periodence before adm	ission)
	GARRETT (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autide comorate	limits write PRP	A) and give pearest to	wn1
RURAL and give i	nearest tawn)			_ A	1.11 / 1	0SY 07+	100
OAKLAN	The state of the s	3 DAYS	KITZM	THE PERSON	114, (1	fa	100
OR INSTITUTION	ITAL (If not in hospital, give street	( address)	d. STREET ADDRESS			ON ON	A FARM?
GARRETT CO	UNTY MEMORIAL H	OSPITAL	Potoma	c Manor	W. Va	YES	] NO K
3. NAME OF DECEASED (Type or print)	First BESSTE	Middle TRENE	Lost WTLKTNS	4. DATE OF DEATH	Month OCTOBE	Day	Year 1960
S. SEX		RIED X NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF	UNDER I YEAR IF UN	
THEMATE			MAN 20 1007		73 yrs.	Aanths Days Haur	s Min.
FEMALE  100 USUAL OCCUPATION	ION (Give kind of work dane 10b		MAY 30, 1887			12. CITIZEN OF WHAT	COUNTRYS
during most of wo	rking life, even if retired)	. KIND OF BUSHIESS ON HIDO	JIK! III, BIKITII EACE (SIGN	c ar reveign coom	**	TE. CITIELITO! WITH	CODITIKIT
HOUSEWIF	E		PENNSY			U. S. A	_
13. FATHER'S NAME	Traches		14. MOTHER'S MAIDEN				
Jacob	Kuhn		Ellen	Albrigh	t		
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT (HUSBA	ND)	Address		
(Yes, no, or unknown)	(If yes, give wor or dates of service)	None	NGUS MACKER W		KTTZMT	TIER MARY	TAND
	EATH [Enter only one cause per l		NIGUS MACKER W	CHIMITING	NITZI-	INTERVAL	
	ATH WAS CAUSED BY:	ing for fall fall and fcf.]	1 16.			ONSET AN	
PART II. DE	IMMEDIATE CAUSE (a)	enconal	Denno	21100	2	24	ans
33	DUE TO	7.1.	1	. //		11	, /
Canditions, if	any, which ) (b)	1 Lerenson	Porasi-	-9		4-6	my.
gave rise to		7000				1	1
cause (a), stating lying cause last	g the under-						
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN	IN PART 1(o) 19. WA	S AUTOPSY
OF .		Secretaria in the second	THO RESILE TO THE TEN	THE DISTRICT SE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PER	FORMED?
2	(10 10 10 10 10 10 10 10 10 10 10 10 10 1			P	f 24 2D 3	TES	NO [
OR CONTRIBUTING	VAS UNDERLYING (1) G	SCRIBE HOW INJURY OCCURRE	D. (Enter noture at injury in	ran I ar ran II a	ar nem to.,		
20c. TIME OF INJU Hour a. m.	and		ACE OF INJURY (Hame, for ctary, street, office bldg., et		tawn)	(County)	(State)
Hour a.m.	10	1401 #fille	city, sireer, bittee blog., e.	16.7	1 1	,	
		<u> </u>	18/24/10.	. 10	7-71	. do	
21. I certify th	at (I) (this hospital) atten	/- /	01-1160	915- 1.1d		, 19, that (1)	(we) last
	ased alive on 1/(1/4)	19 Cand that	death occurred at	Me from the	causes and		
22o. SIGNATURE	1 9 1/	- /	ATTENDING	150	7.455		22b. DATE SIGNED
1	1 2-1/10	ance Ille.	M.D. PHYS.	MED. DIRECTOR P	HYS.	270	00/60
22c. PHYSICIAN'S	06/10		22d. ADDRESS			7	
NAME (Type)	DR. A. E. MANC	TC.	OAKLAND	MARYLA	ND		
23a BUDIAL COCALATI	ON, 23b. DATE THEREOF					Sauthal 15	
REMOVAL (Specify	y) ZJO. DATE THEREOF	23c. NAME OF CEMETERY C	JK CKEMATOKT	230, LOCATION	I (City, tawn, ar o	county) (5	rate)
BURIAL	1 10/30/60	BLOOMINGTO	ON '		MOTON,	MARYLANI	
24 FUNERAL DIRECTO	R'S SIGNATIORE	ADDRESS		D BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE	
amy or	1. Sharbless	Blaine,	W.Va. DATEN	1 100		0 10	
-		1	1101		CUUCHUNT	A / Drawa	



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4	<b>E</b>	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11417

	427		CLIVI	11167		PERMIT			Reg. Di	st. No	- W	
	rrett			YLAND	a STATE	DENCE (Who Maryl	-	d lived. If instituti b. COUNTY		ce befo		on)
b. CITY OR TOWN RURAL and give	(If outside corporate lim negrest fown) Rural Oakl		69 yr		Rur	_		rote limits, write I Land,	Rt.		arest town	)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspitol, i	give street (	oddress)		d. STREET	ADDRESS					e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Hervey	rst	Wakeman	-	Wolfe	ıi	4. DATE OF DEATH	Moi Oct		18	,	rear 19 60
s. sex Male	6. COLOR OR RACE White	7. MARR	ED NEVER MARR	HED	Aug. 4	- 0-	1	9. AGE (In years lost birthday) 69 yrs.	IF UNDER Manths	1 YEAR Doys	Hours	R 24 HRS. Min.
100. USUAL OCCUPAT during most of wa Farme	ION (Give kind of work trking life, even if retired T	dane 10b.	KIND OF BUSINESS	OR INDUS		rylan	_	ountry)	12. CIT	US		COUNTRY
13. FATHER'S NAME	- 0				14. MOTHER'S	MAIDEN N	AME					
Mar	cellus W	olfe			N	eoma	F1	ke				
15. WAS DECEASED EV (Yes, no. or unknown) 110	/ER IN U. S. ARMED FOR (11 yes, give war or dates of	ervice)	0-38-008		FORMANT		olfe		and,	Md	. Rt	t.2
Canditians, if gave rise to cause (a), stating tying cause lost	immediate g the <u>under:</u> DUE TO	1	kno	y a	etere	. Se	sia	ge ge		2	ga	0
CAT	THER SIGNIFICANT CON		CRIBE HOW INJURY						VEN IN PAR	T 1(o) 1	PERFO	NO
-	10	ar 20d. IN While of wark	UURY OCCURRED Not while		CE OF INJURY ( lary, street, affic			ar tawn)	(0	County)		(Stote)
	that I attended the		od from, and tha				_M, from	n the causes of the total courses of the total cour	and on th		te stote	
220. BURIAL, CREMATI REMOVAL (Specify Bur 1 23. FUNERAL DIRECTO	al Oct.	22,	22c. NAME OF CEA		CREMATORY Family	240. REC'D	Oak BY REGIST	ION (City, town,  Land Rt  RAR 246, REGI	or county)  STRAR'S SIC	SNATUI	(State	)
Wayn	CC She	946	Davis,	W.V	a.	DATEOCT	26'6	an	Chur S.	trair	A	

VS A15 (4) 15M 9/55 THE RESERVE OF THE PROPERTY OF THE RESERVE AND ADDRESS OF THE PARTY OF THE